

GRADUATE STUDENT PETITION FOR WITHDRAWAL

- 1. This petition is to be filed by any graduate student who wishes to withdraw enrollment from all currently enrolled classes after the beginning of the quarter. If you are also requesting a leave of absence, please complete the Request for Leave of Absence form in addition to this petition.
- 2. Please fill out Section A completely, and obtain all applicable signatures in Section B, as well as your department's approval in section C.
- 3. Return the completed form to the Division of Graduate Studies. You can email the form to the Continuing Students Team at gss-group@ucsc.edu. The effective date is the date the student first notified their program/the Graduate Division of the need to withdraw. Any exception must be supported by documentation. The refund, if any, is determined by the effective date.
- 4. If you are a financial aid or fellowship recipient and withdraw before attending classes, you may be billed for any aid received.
- 5. If you have not waived the campus Health Insurance (GSHIP) you must contact the Student Health Center in order to cancel your coverage and premium charge for the quarter. Eligibility for cancellation is determined by the date that UCSC approves your withdrawal status. Contact the Student Health Center to verify your enrollment status or if you have any questions or concerns regarding your health insurance coverage (insure@ucsc.edu).

Official correspondence is mailed to the mailing address you maintain on the MyUCSC portal. It is your responsibility to keep all addresses, phone numbers and direct deposit information current on the portal. If you provide no direct deposit/EFT information, any refund will be sent to the mailing address on the portal.

Section A: To be completed by student

Name (Last, First): <input type="text"/>	Email: <input type="text"/>
Student ID: <input type="text"/>	Department/Program: <input type="text"/>

Reason for Withdrawal:

Did you attend classes during the quarter? Y N

Signature _____ Date _____

Section B: If you are a visa holder please contact International Student Services and Programs.

Signature of ISSP Advisor _____ Date _____

Section C: To be completed by the Student's Program

Conditions for Readmission (if any; please attach any additional documentation):

Department Approval _____ Date _____

Approved by Graduate Dean _____ Date _____ Effective Date _____